

041404



13281 U.S. PTO

PTO/SB/05 (01-04)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.

12577/34

First Inventor

Shingo Kashima

Title

OBJECTIVE LENS

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 18]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Sheets ]  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ Paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☒ Other: Claim to Priority & Communication

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the  
specification following the title, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_ /

Prior application information: Examiner \_\_\_\_

Art Unit: \_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b,  
is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only  
be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**☒ Customer Number

23838

OR ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

John C. Altmiller

Registration No. (Attorney/Agent)

25,951

Signature

Date

April 14, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

13281 U.S. PTO

10/823639



041404

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 20px;"><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i></p>		<p><b>Complete if Known</b></p>	
<p>Applicant claims small entity status. See 37 CFR 1.27</p>		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
<p><b>TOTAL AMOUNT OF PAYMENT</b>    (\$ )    770</p>		Shingo Kashima	
		Unassigned	
<p><b>TOTAL AMOUNT OF PAYMENT</b>    (\$ )    770</p>		Unassigned	
		Attorney Docket No.    12577/34	

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money    <input type="checkbox"/> Other    <input type="checkbox"/> None  <span style="margin-left: 100px;">Order</span> </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <div style="margin-top: 10px;"> <p>Deposit Account Number    11-0600</p> <p>Deposit Account Name    KENYON &amp; KENYON</p> </div> <p><b>The Director is authorized to:</b> (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </p>					<p><b>FEE CALCULATION</b> (continued)</p>																																																																																																																																																																																																																																																
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<p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <p>             Total Claims    14    -    **    =    14    X    <span style="border: 1px solid black; padding: 0 10px;">  </span>    =    0              Independent Claims    3    -    **    =    3    X    <span style="border: 1px solid black; padding: 0 10px;">  </span>    =    0              Multiple Dependent    X    <span style="border: 1px solid black; padding: 0 10px;">  </span>    =    0           </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ ) 0</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p>					Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ ) 0																																																																																																																																																																																																			
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<p><b>SUBMITTED BY</b></p>			<p><b>Complete (if applicable)</b></p>		
Name (Print/Type)	John C. Altmeier	Registration No. (Attorney/Agent)	25,951	Telephone	(202) 220-4200
Signature		Date	April 14, 2004		

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